


LACMA physician

BULLETIN OF THE LACMA

OCTOBER 17, 1983

A black and white portrait of Rose Bullard MD, a woman with dark, wavy hair, looking slightly to the left. She is wearing a light-colored, patterned top and a necklace. The background is dark and textured.

**ROSE
BULLARD MD:
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FEMALE PRESIDENT
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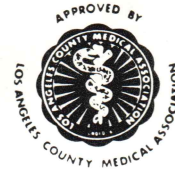
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ROSE TALBOT BULLARD MD: LACMA'S ONLY WOMAN PRESIDENT

BY SELMA HARRISON CALMES MD

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Several LACMA publications feature pictures of the past presidents. Have you ever noticed the lovely lady among the stern, bewhiskered men? Have you ever wondered who she was and how she became president of LACMA? I did, and investigated her life. This article presents some of the information I found on this woman: Rose Talbot Bullard MD, president of LACMA in 1903, and the only woman president of the organization.

Dr. Bullard's presidency can only be understood in the larger context of the history of women in medicine. Since ancient times, healing was considered an appropriate woman's role. Women served as shamans, medicine "men," midwives, general healers and even specialists. Their medical knowledge usually was acquired by apprenticeship, although women did attend medical schools in Italy in the 11th and 12th centuries. Around 1500 there was a change. Women practitioners became much less evident, although a few did continue to practice.

Early colonial America had few physicians, however, and women had to become responsible for their family's health care. The more successful women set up practices of "physick and chirgurie." After 1765, American medical schools opened, and more European-trained physicians arrived. Female practitioners came to care for only the poor. Men even took over obstetrics, although this was not without a fight.

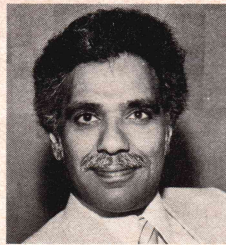
The urbanization and industrialization of the early 19th century led to efforts at social reform. Such movements as abolition, women's rights, temperance and reform in personal hygiene, combined with the dismal level of medical practice at that time and the limited economic opportunities for women who had to support themselves or their families, led to the reentry of American women into medicine. The first to do so was Harriot K. Hunt, who began practice in Boston in 1835 after serving a Thomsonian apprenticeship. Next was Elizabeth Blackwell, the first woman to receive an MD degree. This was in 1849 from Geneva Medical College. Others quickly followed but faced great difficulties. Socially, they were shunned. They did not marry. Professionally,

Selma Harrison Calmes MD, an anesthesiologist in Culver City, is the editor of the Los Angeles County Medical Women's Association Newsletter.

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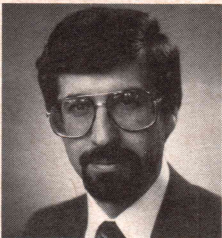
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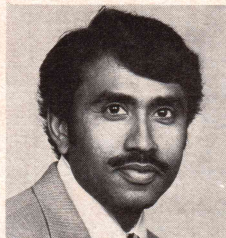
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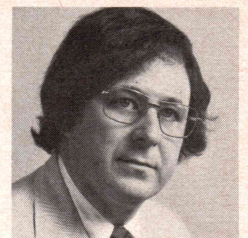
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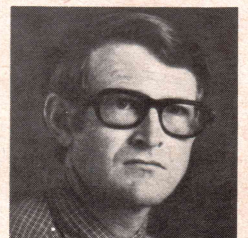
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they were not allowed to join medical societies and in many cases were unable to even get consultations with other doctors.

Because of this social and professional isolation, the first generation of women physicians banded together for support and to improve opportunities for women in medicine. Their most important achievement was establishing female medical institutions. Between 1850 and 1910, 17 women's medical colleges were founded. These were all on the East Coast and in the Midwest. As hospital work became more important, women then founded their own hospitals. Eight women's hospitals began during that same period. (One of these was in California — Children's Hospital of San Francisco, founded in 1875 by six women doctors.) These institutions provided more opportunities for women in medicine. As the second generation of women physicians took advantage of these new opportunities, the number and percentage of women physicians increased, peaking at 6% in 1910. After that, the number and percentage dropped and did not reach 6% again until 1950.

Dr. Bullard was LACMA Secretary from 1896 to 1899, and was elected President in 1903. During her presidential year, membership totalled 200 for the first time

California followed the national pattern. The first women doctors arrived in 1855. There were three that year — two in San Francisco and one in Sacramento. At least one was a graduate of an East Coast women's medical college. These colleges were the major source of our early women physicians. In addition to Easterners coming to California, some California women went East for medical education. By 1875, there were enough women doctors in California to push for admission to the state medical society. Five San Francisco women were admitted that year, after extensive debate on "the woman question."

In 1876, the first woman graduated from a California medical school. She was Lucy Wanzer, a graduate of the Medical Department of the new University of California (now UCSF). The next year, Alice Higgins became the first female graduate of Cooper Medical College (now Stanford). She was the first woman known to practice medicine in Los Angeles County and was the first woman member of LACMA. California women doctors after that time were nearly all graduates of California schools or an East Coast women's medical college.

Rose Talbot Bullard fit this pattern for California women doctors. Born in 1864 in Birmingham, Iowa, she was the daughter of a physician. She attended the local academy and then entered the Women's Hospital Medical College in Chicago, one of the 17 women medical colleges. She graduated in 1886, valedictorian of her class. She and her family then came to California.

Dr. Bullard began practicing in Los Angeles as the partner of Elizabeth Follansbee MD, an 1877 grad-

uate of Women's Medical College of Pennsylvania. Dr. Follansbee came to Los Angeles in 1883 because of poor health and recovered enough to begin practice again. Although she suffered chronically from poor health, she had a large practice and was active in LACMA, elected as the Chairman of the Board of Censors in 1886 and delegate to the state medical society convention the same year. Dr. Follansbee also was the first woman member of a medical school faculty in the state. In 1885, she was appointed professor of Diseases of Children at the new medical college of the University of Southern California, a position she held for 23 years. Her office was at 240 Fort St., site of the present City Hall.

Rose's sister, Lulu Talbot, decided to become a physician also and entered the first class of the new Medical College of the University of Southern California. She was one of the two women in the entering class of 20; she was the only woman among the nine graduates. Apparently there was time for socializing because, when Lulu graduated in 1888, she married classmate Bert Ellis, and Rose married another member of the class, Frank Bullard, at the same time. This could be the only quadruple medical marriage in history. After their marriage, they all went to Europe for a year of study in Gottingen and Vienna. Dr. Bert Ellis sent letters back about their studies revealing that the ladies had few opportunities for study, especially in Germany.

On their return to Los Angeles, Rose Bullard took over Dr. Follansbee's practice for six months while Dr. Follansbee went to the East Coast, and she also opened an office with her husband. She continued her concentration on gynecology and surgery; he practiced ophthalmology and anesthesia, in addition to being appointed assistant city physician and lecturer in chemistry at the Medical College of USC. They settled into the life of busy Los Angeles practitioners.

It was difficult to reconstruct the characteristics of Rose Bullard's medical practice. Probably she cared for women and children although she did report a case of cholecystitis in a soldier who had returned from Cuba. She was one of the first physicians in Los Angeles to use spinal anesthesia with cocaine in obstetrics, reporting six cases in 1901, all without complication. She wrote papers in the *Southern California Practitioner* on the use of electricity in gynecology and on antipyrin and antifebrin, and for ten years, was the editor of the Department of Obstetrics and Gynecology of the *Southern California Practitioner*.

An important part of life for the Bullards was activity in LACMA. Both frequently attended meetings, presented papers, entered into discussions, and they both served as officers. Frank Bullard was president in 1899 although he had not held any other office before. Rose Bullard was secretary from 1896 to 1899, vice-president in 1902, and finally, president in 1903. This election was on December 12, 1902. Her nomination was by George Cole MD, a LACMA leader. After three ballots, she received 14 votes, and her two opponents had 13 combined. She was not the first California woman

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Rose Talbot Bullard MD

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doctor to be a county medical society president. In 1898, the San Diego County Medical Society elected all women officers. This was known as the "gynecratic revolution." Nor was she the last. The Orange County Medical Society had women presidents in 1912, 1923, and 1926.

During her presidential year, there was no really important business. Membership did reach 200 for the first time. Papers presented that year reveal much about medical practice at the time. One paper, *Electrical Wire Burns*, reported the first case of electrocution in town. The patient required 20 minutes of resuscitation. Another, *Aneurysm of the Aorta Treated by Wire*, noted that soft iron wire had been used "for 6-8 years with or without electricity." There was a symposium on care of pregnant and post-partum women which ended with short papers on the pathology of eclampsia, management of eclampsia (chloroform and morphine were recommended) and use of chloroform in labor.

When her presidential year ended, Rose Bullard revealed her concerns in her retirement speech, *Race Conservation*. She spoke of the high infant and child mortality rate in the United States and recommended various solutions to this, such as urging mothers to breast feed, improved inspection of milk producers, an improved water supply and isolation of infectious disease cases. She urged the county medical society to "take a more active interest in municipal authorities and all public health questions. I hope this year the society may make itself felt as a sanitary police and that we may see the results in the conservation of life." Rose Bullard then joined other California women physicians of the time in being strong leaders in the public health movement. Dr. Follansbee made a motion of thanks to Dr. Bullard. This passed unanimously, and Rose Bullard's year as president ended.

She was then elected Councilor. After this three-year term, she faded from view. There is little written about her. What was she doing? She did have a child, and possibly during this time she devoted herself to only her practice and the care of her daughter. But she also was active in the Friday Morning Club, the leading Los Angeles women's club; the YWCA; and Alpha Epsilon Iota, a national medical women's sorority. She served one year as its national president. She changed the focus of her activities from organized medicine for unknown reasons. In 1914, her professional skill was recognized when she became the only woman in Southern California to be elected a member of the American College of Surgeons.

Dr. Bullard died on December 22, 1915, probably of septicemia from an abscessed tooth. She got chills and fever on December 16 after "a long ride in the cold." The next day, urinalysis showed granular casts and many red blood cells. On December 19, the urine improved, but her abdomen was tender. She had had a sinus in the upper right molar for many years, and x-rays of that showed a small amount of pus at the root of the tooth. But because this was unchanged, it was thought to not

be the source of the infection. On the morning of December 22, Dr. Bullard was much worse. She was taken to California Hospital for an exploratory laparotomy. Three physicians operated, the anesthesia was nitrous oxide and oxygen. We can presume her husband, the most skilled anesthetist in town at that time, gave the anesthesia.

Generalized peritonitis was found, and the abdomen was drained, but she died several hours after surgery. A hemolytic streptococcus was grown from the urine and from specimens obtained at surgery. The "saturation" technique of nitrous oxide was used at that time. One-hundred percent nitrous oxide was given until cyanosis occurred. Then, 21% oxygen was added. No doubt this hypoxic insult in this septic patient was the fatal blow. "Helpful Life Swiftly Ends" was the very appropriate title of her obituary in the *Los Angeles Times*.

Rose Talbot Bullard MD was the archetypal second-generation woman physician. She went to a women's medical college. She married and had a child. She was a medical society member, entered into medical politics, and achieved the ultimate in professional recognition — the presidency of the county medical society. She was also perceived as both a competent professional and a good wife and mother. For example, her LACMA obituary contains these quotes from male physicians: "With all her knowledge and all her skill she retained all her charming womanly qualities," and "Her sincerity and sweet dignity of manner endeared her to many friends, and while she devoted her life to the alleviation of suffering, she was ever the faithful wife and tender mother."

Dr. Bullard also represents the opportunities available to women doctors then. The change in these opportunities after 1910 cannot be easily explained. One probable cause was the Flexner Report of 1910, which along with other factors, led to the closing of all but one of the women's medical colleges. Another was the move to scientific medicine. Women were thought to not be capable of "science" although they were thought to be capable of the "art" of medicine, as long as they confined their practices to an appropriate sphere — care of women and children. And there was conflict between the first and second generations of women doctors. The second generation saw the door to medicine open. They were concerned primarily about professional accomplishment, and were not dedicated to the feminist medical institutions founded by the first.

Many questions remain to be answered about the history of women in medicine. What we *can* learn from Rose Bullard's life is that, at that time, women physicians were accepted as both women and as physicians. The change in attitudes and opportunities that took place after 1910 still persist to the present, although the number of women doctors is increasing.

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